

NON-CATEGORICAL INDUSTRY DISCHARGE REPORT

Facility Name: _____ Period Covered: _____

Facility Address: _____ Number of Work Days: _____

_____ Max. Daily WWTP Discharge: _____

FLOW REPORT

Total water intake for the reporting period: _____ gallons.

<u>Flow Loss Areas:</u>	<u>Meter Readings:</u>		<u>Total Discharge Gallons/Period</u>
	<u>Current</u>	<u>Previous</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sanitary Sewer Discharge	_____	_____	_____

LABORATORY RESULTS As Required By Discharge Permit

<u>PARAMETER:</u>	<u>Limitation mg/L</u>	<u>Sample Type</u>	<u>Value mg/L</u>	<u>Sample Type</u>	<u>Value mg/L</u>	<u>Sample Type</u>	<u>Value mg/L</u>	<u>No. of Limit Violations</u>
BOD		_____	_____	_____	_____	_____	_____	NA
Suspended Solids		_____	_____	_____	_____	_____	_____	NA
Arsenic	0.09	_____	_____	_____	_____	_____	_____	_____
Cadmium	0.04	_____	_____	_____	_____	_____	_____	_____
Chromium	0.20	_____	_____	_____	_____	_____	_____	_____
Copper	0.95	_____	_____	_____	_____	_____	_____	_____
Cyanide	0.15	_____	_____	_____	_____	_____	_____	_____
Lead	0.20	_____	_____	_____	_____	_____	_____	_____
Mercury	0.0002	_____	_____	_____	_____	_____	_____	_____
Molybdenum	0.55	_____	_____	_____	_____	_____	_____	_____
Nickel	1.10	_____	_____	_____	_____	_____	_____	_____
Oil/Grease	100.0	_____	_____	_____	_____	_____	_____	_____
pH	5-12	_____	_____	_____	_____	_____	_____	_____
Phenol	1.00	_____	_____	_____	_____	_____	_____	_____
Selenium	0.22	_____	_____	_____	_____	_____	_____	_____
Silver	0.40	_____	_____	_____	_____	_____	_____	_____
Zinc	3.00	_____	_____	_____	_____	_____	_____	_____
Indicate Sample dates:		_____	_____	_____	_____	_____	_____	_____

CERTIFICATION STATEMENT ON REVERSE SIDE

CERTIFICATION STATEMENT (All Facilities)

40 CFR 403.12 (1) and 40 CFR 403.6 (a) (2) (ii) “ I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Submitted by: _____

Date: _____

CERTIFIED OPERATOR (For Pretreatment Facilities)

Printed Name: _____

Certification

Class and Number: _____

Signature: _____

Certification

Expiration Date: _____